## VIRGINIA WING CIVIL AIR PATROL REQUEST FOR RADIO STATION AUTHORIZATION

UNIT NAME:				CHARTER NUMBER		
APPLICANT'S NAME				CAP SERIAL NUMBER		
MAILING ADDRESS (In	clude City, State, and Zip Cod	e + 4)				
HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER		VIRGINIA ROP CARD NO.		
	CLASS OF STATION	CHECK ONLY ONE BLOCK				
New Station			Modify Existing Station Renewal			
		TRANSMITTER INFO	DRMATION			
TYPE	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	A/C Use	CAP OWN	
	DEAF	THIS SECTION CAREELII	LV DEEODE SIGNING			
I hereby offer to Virginia Wing Civil Air Patrol the above listed items of communications equipment owned by me.  I understand that by signing this agreement, I give Virginia Wing CAP operational control of the above equipment while being used for CAP purpose.  I have read and understood the various regulations governing the use of this equipment, and will comply with them at all times. I will ensure that CAP Radio Frequencies are used only for the official business of CAP, and I will take any necessary measures to prevent unauthorized personnel from using these frequencies.  I understand that this agreement may be terminated at any time for any reasonable cause.  The above listed equipment may not be used by other CAP Personnel without my prior consent or approval.  I further understand that Virginia Wing CAP will in no way maintain, guarantee or insure this equipment.  I also understand that if other CAP personnel use this equipment, Virginia Wing CAP will not be responsible for the condition in which it was returned.  I certify that the above listed equipment is free of any liens or encumbrances.  I also certify that all statements made on this application, and any attachments thereto, are true and complete to the best of my knowledge.  SIGNATURE OF APPLICANT  SIGNATURE OF UNIT COMMANDER						
	FOR WI	ING USE ONLY DO NO	r write in this block			
CALL SIGN	DATE ISSUED	DATE EXPIRES	WING	G LICENSING OFFICER		

Submit 1 signed original & 1 copy of this form for each request.